

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000555

1. Corporation Name

ARCHTEYPE DISCOVERIES WORLDWIDE, INC.

**REINSTATEMENT** 03

2. Principal Office Address		3. Mailing Office Address	
15303 VENTURA BLVD.		15303 VENTURA BLVD.	
Suite/Apt. #, etc.		Suite/Apt. #, etc.	
SUITE 1650		SUITE 1650	
City & State		City & State	
SHERMAN OAKS		SHERMAN OAKS	
Zip	Country	Zip	Country
91403	USA	91403	USA

4. Date Incorporated or Qualified To Do Business in Florida	
01/16/1997	
5. FEI Number	Applied For
58-2321876	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	
PATRICIA RAPAILLE	
Street Address (P.O. Box Number is Not Acceptable)	
600 NE 5TH AVENUE	
Suite, Apt. #, Etc.	
City	
BOCA RATON	
State	Zip Code
FL	33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
PCD	RAPAILLE, CLOTHAIRE	15303 VENTURA BLVD. #1650	SHERMAN OAKS, CA 91403
VSTD	RAPAILLE, PATRICIA	15303 VENTURA BLVD. #1650	SHERMAN OAKS, CA 91403

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(818) 205-2600

Daytime Phone #



BUSINESS MANAGEMENT

November 19, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Archetype Discoveries Worldwide, Inc.  
FEIN 58-2321876

Dear Department of State representative:

Enclosed you will find an application for reinstatement for Archetype Discoveries Worldwide, Inc. along with a check for \$150.00.

Please note that the address you had on file was incorrect and we never received the original filing request. Please change your records accordingly so that we may receive the filing request on a timely basis.

Your attention to this matter is appreciated.

Should you have any questions or concerns, please call me or Robert Bernstein, CPA at (818) 205-2600.

Sincerely,

A handwritten signature in black ink, appearing to read "Limore Shalom".

Limore Shalom  
Senior Accountant

Encl.